

# Mrs Naeha Waterfall

# Bridge Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 10 March 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

##### **Background**

Bridge Dental Practice is in Towcester, a market town in Northamptonshire. It provides NHS and private dental care and treatment for adults and children. Services include general dentistry.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces for patients are available in local car parks within short distance of the premises. There is a dedicated parking space for people with disabilities in a shared private car park.

# Summary of findings

The dental team includes five dentists, four dental nurses, one sterilisation assistant, one dental hygienist, one dental hygiene therapist, one receptionist and a business manager. The practice has four treatment rooms; one of which is on ground floor level. There is also a separate decontamination room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 44 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, the sterilisation assistant, the dental hygiene therapist, the receptionist and the business manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 8am to 6pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all of the appropriate medicines and life-saving equipment were available, however. The provider took action to address some of the issues we identified immediately after our inspection.
- The provider had some effective systems to help them manage risk to patients and staff. We noted areas where improvement was required to mitigate risks.
- The provider had a safeguarding policy and staff had completed training. We found systems were not working effectively as not all staff demonstrated awareness of their responsibilities for safeguarding vulnerable adults and children. The provider took immediate action to address concerns after our inspection.
- The provider had staff recruitment procedures, but not all staff recruitment files reflected current legislative requirements in relation to references or other evidence of previous satisfactory conduct being held.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently. It was not evident that learning outcomes were shared with staff as this was not sufficiently documented.
- Governance arrangements required strengthening.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that persons employed for the purposes of carrying on a regulated activity are fit and proper persons.

## Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Implement a system to ensure private patient referrals to other dental or health care professionals are monitored to ensure they are received in a timely manner.
- Improve the security of NHS prescription pads in the practice to ensure there are systems in place to track and monitor their use.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Requirements notice</b>	<b>✗</b>
<b>Are services effective?</b>	<b>No action</b>	<b>✓</b>
<b>Are services caring?</b>	<b>No action</b>	<b>✓</b>
<b>Are services responsive to people's needs?</b>	<b>No action</b>	<b>✓</b>
<b>Are services well-led?</b>	<b>Requirements notice</b>	<b>✗</b>

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff had systems to keep patients safe. We found some processes and procedures required review as they were not always working effectively.

The provider had safeguarding policies to provide staff with information about identifying, reporting and dealing with suspected abuse.

The lead for safeguarding was the principal dentist. We saw evidence that most staff had received safeguarding training, to the recommended level. The receptionist had not completed this training since they had started working at the practice in 2019.

Not all staff showed awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. For example, the practice did not have a process for flagging or identifying at risk children or adults. The system in place did not enable staff to follow up those who were not brought to appointments or where clinical advice was not followed.

We discussed this issue with the management and were assured that this would be reviewed. Following our visit, we were sent information by the practice to support how some action was being taken to address this concern.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in

primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The practice utilised an external contractor for cleaning the general areas of the premises. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that the external clinical waste bin was not secured to a fixed object to prevent its unauthorised removal.

The provider carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards.

The provider had a whistleblowing policy. Staff were aware of the policy and felt confident they could raise concerns without fear of recrimination. The policy did not include details of external organisations that could be contacted for reporting whistleblowing concerns. The practice reviewed and updated their policy after our visit.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

# Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at six staff recruitment records to check compliance with legislative requirements. Whilst most required information was held, we found that references or other evidence of satisfactory conduct was not held for three members of the team; two of these had a clinical role.

The practice occasionally used agency staff. The practice utilised an agency that completed the required legislative checks on their behalf.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We noted that the annual gas safety check was overdue, as records showed this was last completed in February 2019.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits following current guidance and legislation.

We saw records to show that clinical staff completed continuing professional development in respect of dental radiography. We were not provided with evidence on the day to show that two of the dentists had the full number of recommended hours for radiography in a completed cycle; however this was located and sent to us afterwards.

## Risks to patients

The practice had health and safety policies, procedures and risk assessments.

Whilst the provider had implemented some of the systems required to assess, monitor and manage risks to patient safety, we found areas that required further oversight.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles. A sharps risk assessment had been undertaken. This was not sufficiently detailed to include the different types of sharps used and their individual control measures.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff we spoke with demonstrated awareness about sepsis. Sepsis prompts for staff and patient information posters were displayed in the practice. We were told that a staff training day was planned to incorporate discussion of this.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We noted an exception in relation to one member of the clinical team who had last refreshed their knowledge in September 2018.

We found that some of the emergency equipment and medicines were available as described in recognised guidance.

Syringes for drawing up drugs were available, but were too large to allow accurate measurement of the required dose of adrenaline, especially in an infant.

Whilst glucagon was held, it had not been refrigerated. The marked expiry date had not been adjusted to reflect the reduced shelf life when keeping the drug at room temperature. The drug was therefore out of date for safe use.

The practice did not have a self inflating bag with reservoir to allow ventilation of an adult or child patient in respiratory failure. The practice did not have a range of sizes of masks to fit a self inflating bag with reservoir as described in guidelines issued by the Resuscitation Council. We were sent evidence after the day of inspection to show that these had now been purchased.

We found staff kept weekly records of their checks of equipment and medicines held to make sure they were within their expiry date and in working order. The checks had not identified the issues that we found on the day of our inspection.

# Are services safe?

A dental nurse worked with the dentists, the dental hygienist and hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had current employer's liability insurance.

The practice occasionally used agency staff. We were informed these staff received an induction to ensure they were familiar with the practice's procedures.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had a system for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. We noted that a patient comment card referred to the efficiency of the dentist when a referral was made.

The practice did not maintain a log to enable follow up of privately registered patients when they were occasionally referred to other dental or healthcare professionals. This might present a risk of a follow up being inadvertently missed.

## Safe and appropriate use of medicines

We saw staff stored NHS prescriptions securely as described in current guidance. We found that a monitoring system was not in place to identify if an individual prescription had been taken inappropriately.

The dentists were aware of current guidance with regards to prescribing medicines.

## Track record on safety, and lessons learned and improvements

We noted areas where the practice had taken action to mitigate risk, for example, the implementation of safer sharps. There was an accident book available for staff to use if required.

The provider's systems for reviewing and investigating when things went wrong required review to ensure that all untoward incidents or significant events were reported and recorded. The practice had not recorded any incidents, although we identified some less serious issues that could have been reported as such. Our discussions with some staff supported that the practice took action when issues occurred; however the lack of recording of information presented a risk that incidents might be inadvertently missed, not followed up or not discussed amongst the whole team for learning purposes.

The provider had a system for receiving and acting on safety alerts. We saw there were systems to receive, review and take action, if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found this practice was providing effective care in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

We received positive comments about the practice from 44 patients. Comments included that treatment received was comfortable, gentle and delivered by professionals.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Staff had access to technology available in the practice, for example, a single lens reflex (SLR) camera to enhance the delivery of care.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns which supported patients to live healthier lives, for example, smoking cessation.

The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. The clinical staff we spoke with were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Comments from patients included that staff were informative, and issues were explained without time pressure.

The practice's consent policy included information about the Mental Capacity Act 2005. The clinical staff we spoke with understood their responsibilities under the Act when treating adults who might not be able to make informed decisions.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Whilst most staff were aware of the need to consider this when treating young people under 16 years of age, one member of the team we spoke with was not clear.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements, if required.

### **Effective staffing**

Clinical staff had the skills, knowledge and experience to carry out their roles.



# Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.



# Are services caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, listened to them and were informative.

We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Comments included that patients felt very comfortable being seen by clinicians and staff were calming and good with treating children.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

There was a water machine for patient use in the reception area.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. We were told there had not been a need to use this service to date. There was a poster for patients about recalls in different languages.
- Staff told us they communicated with patients in a way they could understand. Information in different forms could be sought if needed.
- An alert could be placed on patient records to inform staff if they had any particular requirements.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, verbal and pictorial information, X-ray images and study models.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found this practice was providing responsive care in accordance with the relevant regulations.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia or a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

44 cards were completed, giving a patient response rate of 88%.

All views expressed by patients were positive, although six comment cards also contained some mixed feedback.

Common themes within the positive feedback were the friendliness and helpfulness of staff, the effective approach shown by staff towards children who were patients and the good levels of hygiene standards within the premises. Mixed feedback referred to difficulty encountered whilst trying to get through to the practice by telephone, waiting times to see a clinician after arrival at the practice, and problems in obtaining an appointment to suit the patients needs if one was cancelled by the practice.

We shared this with the provider in our feedback. The practice was proactive in seeking patient feedback; they told us they were responsive to any views received and continually sought to improve the overall patient experience.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients who used wheelchairs had access to a ground floor surgery. Longer appointment times could be allocated if required for patients who would benefit.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and accessible toilet with hand rails and a call bell. A magnifying glass or reading glasses were not available at the reception desk.

Staff contacted patients in advance of their appointment to remind them to attend. This was based on patient preference of communication.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients were invited to attend and sit and wait to be seen.

Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept unduly waiting.

Patients were directed to the appropriate out of hours' service, which was a Bupa practice based in Daventry that was open daily from 8am to 8pm. Outside of these hours, patients were informed to contact NHS 111. Patients also had an option to pay a fee to see a private dentist if they had a dental emergency.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Most patients confirmed they could make routine and emergency appointments easily.

### Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint and information was also made available in the reception area.

# Are services responsive to people's needs?

(for example, to feedback?)

The business manager was responsible for dealing with complaints. Staff told us they would tell the business manager about any formal or informal comments or concerns straight away so patients received a quick response.

The business manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the business manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately. Whilst we were told that outcomes were shared with staff for learning purposes and to improve the service, this information was not documented in staff meeting minutes we viewed.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### Leadership capacity and capability

The dentists had capacity and skills to deliver clinical care for patients. However, we found action was required to improve the service as not all risks were identified and suitably managed.

Following our visit, we noted that management were making efforts to rectify some of the shortfalls we identified.

There had been a practice manager in post until recently prior to our inspection. The business manager had been covering this role since their departure. The provider was in the process of reviewing their management arrangements; this included the allocation of lead roles moving forward. The principal dentist was, at the time of our inspection, a designated lead for a number of areas such as infection control and safeguarding. It was not clear that this was consistently working effectively on an operational level.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### Culture

Staff stated they enjoyed working with their patients as well as other colleagues.

Staff were aware of the duty of candour. Our discussions with staff and review of available documentation supported that openness and transparency were demonstrated when responding to complaints, however, there was a lack of detailed records to show how any learning outcomes were shared with staff when issues had been identified. The practice had not identified any significant events or less serious untoward incidents.

Staff we spoke with stated they felt respected and supported. Staff survey results supported that the vast majority of staff said encouragement shown toward them by management was good or very good and responsibility given to them was rated as excellent or good.

Directly employed staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.

The staff focused on the needs of patients. For example, as a result of patient demand, appointment slots to see the hygienist had been increased.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### Governance and management

The principal dentist, supported by the business manager had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the current management arrangements and their roles and responsibilities.

The provider had changed to a new system of clinical governance. This system included policies, protocols and procedures that were accessible to all members of staff. We found that some processes required review as they were not in place or were not sufficient to support the effective operation of the service, for example safeguarding.

Not all risks had been appropriately managed, such as ensuring all emergency medicines and equipment were held as required and staff recruitment records were complete.

### Appropriate and accurate information

Quality and operational information, for example NHS Business Services Authority performance information, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Engagement with patients, the public, staff and external partners

## Are services well-led?

The provider had a proactive approach and utilised surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, patient feedback resulted in a change of magazines provided in the waiting areas.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

The provider had systems and processes for learning and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements, if required.

Staff attended lunch and learn training sessions in the practice and one of the dentists had attended British Dental Association (BDA) local group meetings in Bedford.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not had not done all that was reasonably practicable to mitigate the risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Safeguarding systems and processes were not working effectively to enable the registered person to identify children with safeguarding concerns or vulnerable adults and ensure follow up action if required.</li><li>• Not all equipment that might be required in an emergency was held on the date of inspection, for example, self-inflating bags with reservoir, various sizes of mask to fit a self inflating bag with reservoir. Only 5ml syringes were available to administer adrenaline. The expiry date for glucagon had not been changed as it was held outside refrigeration.</li></ul> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Overview or monitoring of staff training to ensure that GDC highly recommended topics were completed was not in place.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Effective procedures were not in place for significant event and untoward incident reporting.

Regulation 17 (1) (2)

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

- Satisfactory evidence of conduct in previous employment for each staff member.

Regulation 19 (1) (2)